



Incident Report

Print Date/Time: 07/20/2016 08:37
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00011140

Incident Date/Time: 6/10/2016 3:30:28 PM
Location: SR 9 NE / SR 92
MARYSVILLE WA 98270
Phone Number: (425) 422-3811
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MURPHY, DAVID					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ACS1859	
Involved Vehicle						B43311V	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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06/10/2016 : 15:33:34 SP0413 Narrative: LR413

06/10/2016 : 15:33:02 SP0413 Narrative: RPS CHEVY TRUCK CARRIES 90 GAL OF FUEL, UKN IF HAS BEEN DAMAGED

06/10/2016 : 15:32:39 SP0413 Narrative: CHEVY 1 TON PU VS MAR DODGE NEON

06/10/2016 : 15:31:44 SP0413 Narrative: AC, NOW, 2 VEH COL, NON INJ, NON BLKG

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E552402**CASE # **2016-00011140**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STUCKTRIBAL
RESERVATIONDATE OF COLLISION **06** - **10** - **2016** TIME (2400) **1530** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
SR 9 BLOCK NO. ☒ **3300** MILE POSTDISTANCE **200** **00** MILES ☒ N ☒ E ☒ S ☒ W OF (REFERENCE OR CROSS STREET) **SR 92**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **CARREON** FIRST NAME **KEVIN** MIDDLE INITIAL **M**STREET NEW ADDRESS **9806 55TH AVE NE**CITY **MARYSVILLE** ST **WA** ZIP **982705207**CDL RESTRICTIONS **B** ENDORSEMENTSDRIVER'S LICENSE # **CARREKM131KS** STATE **WA** SEX **M** D.O.B. **05** - **10** - **1987**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **ACS1859** STATE **WA** VIN# **1B3ES56C73D148790**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2003** MAKE **DODG** MODEL **NEO4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **OWNER TOWED** GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **KEVIN CARREON 14426 46TH DR NE MARYSVILLE WA 98271 D: 3606313062**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 71523362**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4254223811**LAST NAME **MURPHY** FIRST NAME **DAVID** MIDDLE INITIAL **P**STREET NEW ADDRESS **30517 RAMSTAD RD**CITY **ARLINGTON** ST **WA** ZIP **982239338**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **MURPHDP390JS** STATE **WA** SEX **M** D.O.B. **04** - **10** - **1961**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AU8450** STATE **WA** VIN# **1FASP15J2TW108557**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1996** MAKE **FORD** MODEL **ESCSW** STYLE **SW** VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **DAVID MURPHY 30517 RAMSTAD RD ARLINGTON WA 98223**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 65075190-6**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **J. KILROY #0132** BADGE OR ID # **#0132** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E552402**CASE # **2016-00011140**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was driving north on SR 9 approaching the intersection with SR 92. Unit 2 was driving north slowing down on SR 9 approaching the intersection with SR 92 because the light had turned red. Unit 1 did not slow down in time and hit unit 2.

Unit 2 did not appear to have any damage. Unit 1 was leaking fluids from the engine compartment and was towed privately.

Unit 1 was at fault due to following too closely.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

06-11-16 07:28 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

6/11/2016 5:05:37 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	3:32 PM	TIME POLICE ARRIVED	3:37 PM
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REPORT NO. E552402

CASE # 2016-00011140

DATE AND TIME
OF COLLISION 06/10/16 15:30



Not To Scale

